



Loving Care

Health, Nutrition and
Safety tips

Georgia Department of Human Resources • Division of Family and Children Services

How to use this booklet

Decisions made during the first few years of a child's life can have a lifelong impact. Bringing up a healthy, safe, happy child is a very big job and a very important one. Our purpose is to make that job easier and less stressful for you.

This booklet will provide you with information about getting health care for your children and programs that may help you pay for the care. It will also give you tips for creating a safe, healthy environment for babies and young children. We will talk about some health problems that are common during the first four years of life, ways to treat some of them at home, and when a call to the doctor should be the first step. We have also included a list of other state and community resources which may help you.

Please keep in mind that this is intended to provide only general information. It does not cover every situation, and is not meant to substitute for professional advice from the child's health care provider.

Right from the Start Medicaid

The **Right from the Start Medicaid Program (RSM)** provides help paying medical bills to qualified pregnant women and children under the age of 19. The new mother's coverage usually lasts until the baby is 60 days old. You and your children, if you meet the income requirements, may qualify even if you are a two-parent family, own your own home or car, are employed and/or have health insurance. Grandparents may also qualify for coverage for grandchildren who live with them and for whom they are responsible.

Qualified pregnant women can receive assistance in paying costs of prenatal care, doctor's visits, medicine, delivery and hospital care and midwife services as well as after delivery and family planning services. Services for eligible children under 19 include, but are not limited to, doctor's visits, health checkups, immunizations, emergency room and hospital care as well as dental and vision care.

When you apply for RSM, information about your family income will be reviewed as well as information about the citizenship and residency of those who would like to receive the medical assistance. If you would like further information about RSM, call **1-800-809-7276** for an outreach specialist in your area.

To make applying easier and more convenient for you, there is also a **Right from the Start Medicaid Outreach Project** with staff who can assist you in applying for RSM as well as provide information about other medical assistance programs or low cost health insurance. They are located in accessible locations like hospitals, health departments, neighborhood service centers and doctor's offices. They are available evenings and weekends as well as during regular daytime office hours.

To find a location near you call **1-800-809-7276** toll-free or **404-657-4085** in Atlanta area.

PeachCare for Kids

PeachCare for Kids was designed to provide health care to uninsured children in working families that cannot afford private insurance, yet earn too much to qualify for Right from the Start Medicaid (RSM). To be eligible for PeachCare for Kids a child must:

- **not** be eligible for the State Health Benefit Plan
- **not** be in a public institution
- **have** no other health insurance coverage for three months prior to application and
- **be** a member of a family whose income exceeds the eligibility level for RSM.

Families will be charged a small monthly premium for **PeachCare for Kids** coverage for their eligible children. For children age six or older, parents will pay \$7.50 a month per child, up to a \$15 monthly maximum. Children under the age of six will be covered for free.

Benefits include a broad range of in-and outpatient services. Some of these services include:

- emergency room care
- regular health checks and vaccinations
- vision care
- dental care
- prescription drugs
- care for chronic conditions such as asthma, diabetes and sickle cell anemia

Families will be able to choose their physician from among the state's 4,000 primary care providers listed through Georgia Better Health Care or they may choose one of the state's Medicaid managed care providers.

The required one-page (front and back) application can be obtained from your local county Department of Family and Children Services office, by calling tollfree **1-877-GA-PEACH** or by contacting a Right from the Start Medicaid outreach worker in your local area. Once you complete and sign the application you may return it by mail.



Women, Infants and Children Nutrition Program (WIC)



The **Women, Infants and Children Nutrition Program (WIC)** provides special supplemental foods, nutritional counseling, and breastfeeding support and education to low income women and their children up to age 5. WIC gives pregnant women, new mothers and children vouchers for basic foods including milk, cheese, eggs, cereal, dried beans, peanut butter, fruit juices and (for those who do not breastfeed) infant formula. WIC staff encourage new mothers to breastfeed. They also provide nutrition counseling and information about affordable prenatal care and immunizations and encourage participants to apply for Medicaid, Food Stamps, TANF and other services.

In order to qualify for WIC benefits, a woman must have low income. She must be either pregnant or breastfeeding or have given birth within the past two months. Children are eligible up to their fifth birthday. A woman or child on WIC must also be at risk of health problems due to nutritional deficiencies including, but not limited to, low birth weight, anemia, abnormal weight gain during pregnancy, a history of high risk pregnancies, or inadequate diet.

If you wish to apply for WIC benefits for yourself or your children, contact the local health department serving the county in which you live. In Atlanta, WIC applications are also available at Grady Hospital and at Southside Healthcare, Inc.



Babies Can't Wait

Babies Can't Wait (BCW) is an early intervention program designed to help Georgia's infants and toddlers who have conditions that threaten their normal growth and learning.

Who is Eligible?

Children from birth to age three who have problems that could delay their normal development may be eligible in one of two ways.

1. Children are automatically eligible if they are diagnosed with certain mental or physical conditions including, but not limited to:
 - Down syndrome
 - fetal alcohol syndrome
 - autism
 - spina bifida
 - cerebral palsy
2. Children who are experiencing significant delays in their development may be eligible.

How does the program work?

The program begins with a complete evaluation of the child's development. If the child is found to have a significant developmental delay or disability, the next step is to put together a combination of services directed toward meeting the child's developmental needs.

What services are available?

Each child enrolled in the BCW program has an individualized family service plan. The child's plan is based on the results of the evaluations and assessments as well as the family's concerns about their child's development. Included in the plan are goals for the child and the family, services needed to meet those goals, and resources available to assist the family in paying for the needed services. State funds may be available to assist families determined unable to pay for the services. There is no charge for the evaluation, assessments and service coordination offered to the families.

Once the plan has been completed, children eligible for early intervention are linked with appropriate services available in the area. The BCW program teaches parents how to work with their child, counsels them about special problems, links them to support groups and, in some cases, assists with transportation to services.

How do I contact Babies Can't Wait?

If you suspect your child may be delayed in development, call toll-free 1-800-229-2038 to find the closest BCW office.

In Atlanta, the number is 770-451-5484.

Reducing the Risk of Sudden Infant Death Syndrome (SIDS)

Safe Bedding Practices for Infants

Placing babies to sleep on their backs instead of their stomachs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome (SIDS). Remember the phrase 'stomach to play and back to sleep.' Soft bedding is also thought to increase a baby's risk of SIDS as is sharing a bed with anyone, including parents and siblings. To prevent infant deaths due to soft bedding, the U.S. Consumer Product Safety Commission, the American Academy of Pediatrics, and the National Institute of Child Health and Human Development are recommending the following safe bedding practices be followed when putting infants under 12 months down to sleep:

- Place baby on his/her back on a firm tight-fitting mattress in a crib that meets current safety standards.
- Remove pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products from the crib.
- Consider using a sleeper or other sleep clothing as an alternative to blankets, with no other covering.
- If using a blanket, put baby with feet at the foot of the crib. Tuck a thin blanket around the crib mattress, reaching only as far as the baby's chest.
- Make sure your baby's head remains uncovered during sleep.
- Do not place baby on a waterbed, sofa, soft mattress, pillow, or other soft surface to sleep.

Exposure to second hand smoke also appears to increase the risk of SIDS.



Shaken Baby Syndrome

Shaken Baby Syndrome is not a disease. It is the result of injuries that happen when a baby or very young child is violently shaken. Because the child's neck muscles are weak and not yet fully developed, shaking can cause the child's brain to move around in the skull. Extremely serious injuries including brain damage, spinal cord injuries, paralysis, blindness, seizures, developmental delays and even death can result.

A baby or young child who has been shaken needs immediate medical attention. Be sure to let the health care provider know about the shaking. A quick diagnosis may save the child's life.

Tips for Growing Healthy Children

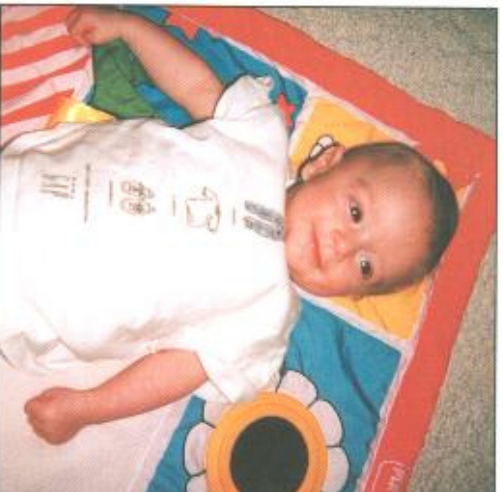
- Make and keep appointments with your health care provider for “well baby” visits and routine checkups for older children.
- Make sure your child is up to date on immunizations, which are usually given at two, four, six, 12 and 15 month checkups.
- Keep from spreading germs by washing your hands often. Be especially careful to remember to wash your hands before feeding babies and after each diaper change. Teach children to always wash their hands after using the bathroom and before eating.
- Recognize these early signs of illness and learn when to contact the child’s health care provider:
 - a. **Fever:** A temperature that exceeds 99.2 degrees Fahrenheit when taken under the arm. Learn how to use your thermometer for accurate readings.
 - b. **Vomiting:** Repeated throwing up of more than 1/2 cup at least four times during a 24-hour period.
 - c. **Diarrhea:** More than three to four loose watery stools in a 24-hour period.

Consult your health care provider as soon as possible if your child has any or all of these symptoms:

- Fussing more than usual for no readily apparent reason.
- Sleeps too much although has had regular naps and no change in activity.
- Has a rash with fever.
- Has any of the following symptoms along with vomiting and/or diarrhea:
 - seems tired or irritable or has less energy
 - produces a decreased amount of urine or tears
 - has a dry, sticky mouth and/or sunken eyes.
 - has a fever accompanied by loss of appetite, decreased activity or any other symptoms listed at the bottom of page 14.

Always call the health care provider whenever an infant younger than 12 weeks of age has a fever. When you call, be prepared to describe the specific symptoms.

Most areas in Georgia have a free service you can call if you need to speak with a nurse (usually at a local hospital) about what type of care your child needs. Ask your health care provider for the number. List it below and post it near all phones in your home.



Number to call for free advice from a nurse: _____

Common Childhood Health Problems

Allergic Rhinitis

Allergic rhinitis is an allergic disease which affects the mucous membranes of the nose and often the eyes. It is sometimes seasonal, but not always. Seasonal allergic rhinitis is usually caused by sensitivity to pollen while rhinitis that is not seasonal is related to sensitivity to things like house dust/house-dust mites, feathers, mold spores, animal dander, foods, etc. Tobacco smoke, air pollutants, sudden temperature changes, wood heaters, fireplaces, carpets, etc. can be aggravating factors. A large number of the individuals who suffer from seasonal allergic rhinitis are sensitive to ragweed, grasses or trees. Many individuals are sensitive to more than one irritant. Symptoms of allergic rhinitis usually first appear in childhood or young adulthood and decrease with age. It is very common for allergic diseases to run in families.

What are the most common symptoms of allergic rhinitis?

- Sneezing
- Nasal itching
- Runny nose
- Stuffy nose

Also may include:

- Itching of eyes, roof of mouth and throat
- Snoring and sniffling
- Watery eyes and sensitivity to light
- Non-productive cough
- Fatigue, irritability, loss of appetite

How do I treat allergic rhinitis at home?

- Over the counter antihistamine may be taken to relieve symptoms in children over six months old. Ask your health care provider or pharmacist to recommend a medication.



Atopic Dermatitis (Eczema)

Atopic dermatitis is another name for eczema. It is a chronic skin disorder that tends to occur in those with a family history of allergic diseases or eczema. It is probably the most common skin problem found in young children, although it usually does not begin until after the child is at least three months old. This disorder may be aggravated by:

- dry skin/cold weather and perspiration/hot humid weather
- citrus fruits, chicken, cow's milk, egg whites, nuts, wheat or other foods that often cause allergic reactions in infants and young children.
- irritating clothing (often wool or silk)
- certain soaps, detergents or cosmetics
- respiratory infections

Many children with atopic dermatitis also suffer from asthma or allergic rhinitis.

What are the symptoms?

In infants:

- Red bumps and occasionally blisters or scaling eruptions, which often turn into runny or crusty sores.
- Bumps are most often found on cheeks, scalp, neck, forearms, legs or behind ears; occasionally seen on trunk or in diaper area.
- Infants frequently rub involved areas.



In toddlers:

- Red bumps that are usually drier and scaler than the ones seen on infants; also less runny and crusting.
- Skin in the area of the bumps is extremely itchy and, due to scratching, shows evidence of thickening.

In toddlers, atopic dermatitis is more commonly found on the neck and/or on the inside surfaces of wrists, elbows and knees.

Flare ups of atopic dermatitis can come and go very quickly.

What home treatment may help?

- If treating a mild case, bathe child in mild soap (health care provider may also recommend unscented bath oil) and apply moisturizer to wet skin after bath. Apply lubrication cream to skin daily.
- Give an age-appropriate over-the-counter antihistamine if needed for itching. Do not give antihistamine to children under six months of age.
- If case is more severe, contact child's health care provider as a prescription medication may be needed.
- To decrease incidents of atopic dermatitis you may want to consider keeping the child indoors more in the summer, making sure bath water is warm rather than hot, selecting soft cotton clothing and bedding, lowering the temperature in the home and humidifying the indoor air.

Bronchiolitis

Bronchiolitis is a common respiratory infection. It is usually caused by a virus and is often seen in the winter months in children under two. A child can get this illness through contact with an individual who has an upper respiratory illness.

What are the symptoms?

- Sneezing and runny nose (at first).
- Wheezing, coughing, trouble breathing (except in severe cases, these symptoms usually do not develop until a few days later).

Can I treat bronchiolitis at home?

You can use a bulb syringe to clear mucus from baby's nose and you should give lots of fluids. A cool mist vaporizer may also make the child more comfortable but the health care provider should be contacted as medication (or, in some cases, hospitalization) may be needed to allow the child to breathe more easily and/or prevent dehydration.

Common Cold

Runny and/or stuffy nose, low-grade fever, cough, sore throat, sneezing, watery eyes, chills, fussiness and poor appetite may indicate the child has a common cold.

What should I do when my child has a cold?

If temperature is normal, keep the child warm, give fluids and humidify air. Raise the heads of infants and clear their noses using salt water nose drops and suctioning with a bulb syringe. Call health care provider if fever does not go away after the first few days or exceeds 101.5° F, if a hacking cough is present for more than four to five days or if there is difficulty breathing or ear pain. Do not give medication without prior approval from the child's health care provider.

- Coughing in an infant under 4 months old should be reported to the health care provider right away.

What can I do to prevent the spread of colds?

Make sure all children and adults wash their hands frequently, wipe their noses using disposable tissues and cover their mouths when they cough. Also do not allow children (or adults) to eat and/or drink after each other.



Conjunctivitis (Pinkeye)

Conjunctivitis is an inflammation and infection of the eyelid and/or eye. It is the most common of all eye disorders in young children and is usually due to a bacterial or viral infection. Viral conjunctivitis is highly contagious.

What are the symptoms?

- Irritation and sensation of foreign body in eye
- Itching and watering of eyes
- Light hurts eyes
- Eyelids stick together
- No complaints of decreased vision

What is the treatment?

- Contact child's health care provider.
- If there is no discharge from the eye(s) and the child appears to only have a mild case associated with an upper respiratory infection or allergy, cold compresses may be given to relieve discomfort.



Constipation

Does failure to have a daily bowel movement always indicate constipation?

No. Not all children have daily bowel movements. Some children's normal pattern is to have a movement only every three or four days. When a child's normal bowel pattern changes and stools become harder and occur less frequently, the child may be constipated. As long as the stool is soft and not painful for the child to pass, the child is probably not constipated.

How can I treat my child's constipation?

When a child is constipated, changing the child's diet is often what is needed to soften the stool and increase its bulk. Encourage the child to drink lots of liquids, not less than three to four glasses each day. At least one glass of apple, grape or prune juice should be included. Limit milk to three servings per day. Increase high-fiber foods by substituting whole grain breads for white bread and adding more high-fiber cereals. Also include one or two fruits and one or two green vegetables in the child's diet each day. If diet changes do not lead to improvement after a few days, contact the child's health care provider. Constipation often gets worse if it is ignored.

Cradle Cap (Seborrhea)

Cradle cap is a scalp condition often seen in infants. It can occur in babies from a few weeks to several months of age.

What are the symptoms?

- A build-up of encrusted, yellow scales on the scalp, forehead, neck, behind ears, in eyelashes and/or in diaper area
- Redness of scalp

What is the treatment?

- Apply mineral oil, baby oil or petroleum jelly and wait 10 to 15 minutes, then shampoo with a mild soap and brush out scales.
- Wash areas daily with a mild soap or baby shampoo and brush with a soft brush to remove scales.
- Your child's health care professional may recommend a special shampoo for use on baby's head.
- Contact health care provider for advice if condition fails to improve after treatment or if baby has red scaly areas on parts of the body other than the scalp.



Croup

Croup is usually caused by a viral infection. It can be a very frightening illness as it has alarming symptoms and usually shows up very unexpectedly in the middle of the night in a child who seemed only mildly ill before going to bed. A child with croup has a deep, barking cough and appears to be having difficulty breathing. The child may have a fever. Call the health care provider if this is the first time it has happened. Sometimes you will be told to turn on the hot water in your shower or bathtub and let the bathroom fill up with steam, then hold the child while he/she breathes in the steam for a few minutes. Exposure to cool night air may also help. Very severe cases of croup may not respond to home treatment and may require medication or hospitalization.

Diaper Rash

Diaper rash is a common skin irritation from urine and bowel movements. It may also be a reaction to chemicals in the diaper.

What are the symptoms?

Symptoms include red skin and/or small bumps or blisters in the diaper area. Baby may also be unusually fussy when diaper is wet or soiled.

What should I do to prevent a rash?

- Do not leave wet or soiled diapers on the baby. Change as quickly as possible.
- Wash and dry diaper area whenever changing baby's diaper. Use mild soap to clean diaper area after a bowel movement.

How can I treat a diaper rash at home?

- Lay your baby on his/her stomach, remove the diaper and expose the bare diaper area to the air for a few minutes. Repeat several times a day. Do this while the baby is awake, as babies should be put to sleep on their backs, not their stomachs.
- Thoroughly, but gently, clean baby's bottom at each diaper change; apply a thin layer of a protective ointment made especially for diaper rash.

When should I call my child's health care provider about a diaper rash?

Call if the rash fails to improve in three to four days or becomes worse even though treated with diaper rash ointment or if there are open sores in the diaper area.

Diarrhea

More than three to four loose, watery stools in a 24 hour period is considered to be diarrhea. Diarrhea is usually caused by a virus and normally improves without medication. Diarrhea can lead to dehydration.

What is the treatment?

Call the child's health care provider for advice. Be sure to let the provider know if the diarrhea is accompanied by additional symptoms such as severe stomach cramps, fever, decreased urine or blood in the stool.

Getting the child to drink lots of clear liquids is important. Ask the child's health care provider about special liquids designed especially for preventing dehydration in children. Also offer sports drinks with electrolytes. Popsicles are a good way to get fluids into sick children.



Earache

Pulling at an ear as if in pain, crying, fever and/or drainage from the ear may mean your child has an ear infection.

What is the treatment?

- See the child's health care provider immediately for diagnosis.
- If medication is prescribed, make sure the child finishes it all as directed.
- Keep the appointment for a return check up even if symptoms have disappeared.

Fever

"Normal" body temperature actually varies slightly from child to child but average "normal" body temperature, when taken by mouth or ear, is considered to be 98.6 degrees Fahrenheit (F) or 37.0 degrees Centigrade (C). "Normal" rectal thermometer readings are one degree higher while "normal" readings for temperatures taken under the arm are one degree lower than those taken by mouth or ear. When the child's body temperature is significantly elevated, the child is considered to have a fever. Fever is a way the body fights infection. Some fevers can be treated at home while some are very serious and need the immediate attention of a health care professional. It is very important to contact the health care provider when an infant less than 12 weeks old has a fever or when the fever of a child under 15 months old is over 103.5 degrees F. Sometimes babies may run a slight fever after receiving an immunization. Check with the health care provider.

What is the treatment for fever?

- Dress child lightly.
- Give lots of cool, clear liquids. Sports drinks with electrolytes are good as they help to prevent dehydration. Offer popsicles to children who need to take in liquids but are reluctant to drink.
- Give children's acetaminophen or ibuprofen. Be sure to give the correct dose based on the child's age. Follow directions on the bottle.
- Call child's health care provider if the child's fever is very high and/or is accompanied by any of the following:
 - Stiff neck or pain (especially pain upon turning the neck).
 - symptoms of an earache
 - a rash
 - vomiting or diarrhea
 - crying with no tears, little or no urine for six hours or more, dry mouth, sunken eyes, fatigue, lack of energy or other symptoms of dehydration
 - labored or hard breathing

Impacted Cerumen (Earwax)

Impacted cerumen is excessive production of earwax which may cause blockage of the ear canal (stopped up ears). A child with impacted cerumen has visible soft, yellow wax or drier black or brown wax on the outer surface of the ear canal. Noticeable hearing problems can also indicate impacted cerumen.

What is the treatment?

- Gently put four to five drops of hydrogen peroxide, mineral oil or over the counter drops in the stopped up ear. Check with your pharmacist for advice on what ear drops are best to use for babies and young children. Allow the drops to remain in the ear for 15 minutes.

- If ear does not open up after treating with drops, contact child's health care provider for further advice and/or treatment.

Note: Never use Q-tips or other objects in ears.



Impetigo

Impetigo is a skin condition that can appear anywhere on the body. It is most commonly seen in infants and children and it occurs more often in late summer and early fall. It may be a complication of insect bites, scrapes, scratches or other skin inflammations. It can spread through direct contact with other infected persons or it may develop from upper respiratory infections. Untreated impetigo is contagious until the lesions or blisters are healed.

What are the symptoms?

- Clear, fluid filled blisters surrounded by areas of redness.
- Honey-colored crusted lesions. Those are ruptured blisters that have dried and formed a crust.
- Itching is common
- Lesions may be as small as a pea or as large as a quarter.

What is the treatment?

Contact the child's health care provider. Antibiotics may need to be prescribed.

Insect Bites

Insect bites can be irritating, but usually begin to disappear by the next day. To relieve the itchiness that accompanies bites by mosquitoes, flies, fleas and bed bugs, apply calamine lotion freely except around the eyes or genitals. Keep the child's nails clean and cut short to minimize the risk of infection from scratching. Call the child's health care provider immediately if there is evidence of breathing problems, excessive swelling and/or redness at the site of the bite.

Irritable Baby Syndrome (Colic)

Irritable baby syndrome is often called colic. It usually begins when babies are two to three days to three weeks old and may last until the baby is 3-6 months of age. The symptoms usually occur at the same time each day. Affected infants are healthy and are growing appropriately. The actual cause of colic is unknown.

What are the symptoms?

Symptoms can include abnormal swelling or bloating of the baby's abdomen or crying spells during which the baby's legs are drawn toward the abdomen and fists are clenched or baby is passing gas.

What is the treatment?

- Hold baby upright when feeding (decreases amount of air that is swallowed) and burp baby frequently.
- Hold baby in prone position across your lap; putting a warm hot water bottle on your lap under baby may also help.
- Wrap baby (swaddling)
- Give baby a warm bath.
- Expose to sounds such as vacuum cleaner, washing machine, clothes dryer, hair dryer, dishwasher or music.
- Offer a feeding if the previous feeding was more than two hours ago.
- Nurse the baby (breastfeed).
- Take the baby for a car ride or place in swing or rock him/her.

Note: No single method of treatment works consistently. Try different methods.



Lice

Lice are organisms that live in the hair and on the scalp of humans. Lice eggs are called nits. Lice are often transmitted from one child to another especially when combs or brushes are shared or head coverings exchanged.

What are the symptoms?

Symptoms include itching scalp and/or dandruff that sticks to hair, lice and nits that can be seen in the hair, bites on scalp and/or enlarged lymph nodes on back of neck.

What is the treatment?

Treat by washing hair with over the counter medications made specifically for the treatment of lice and then removing the nits with a fine-toothed comb.

Note: Most times more than one application is required to rid the scalp of all lice and eggs.

Oral Candidiasis (Thrush)

Thrush is a fungal infection of the mouth that frequently occurs in healthy newborns. It may be passed to the child from the mother's vagina during birth. It can also be passed from baby to baby or from caretaker to baby through contamination of hands and/or shared objects.

What are the symptoms?

A baby with thrush sometimes has creamy white patches in the mouth, on the tongue and/or on the lips although this condition often has no symptoms.

What is the treatment?

- Contact the child's health care provider. Treat breast-fed infants and their mothers at the same time.
- Boil rubbery/plastic nipples and pacifiers for 10 minutes or replace old ones after beginning treatment. Do not allow sharing of those items.

Roseola

Roseola is an illness most commonly seen in children between the ages of six months and 2 years. Most children will have roseola and once they have had it, they cannot get it again. It is caused by a virus and usually lasts three to five days. Sometimes the cases are mild with few symptoms although it is not uncommon for children to have convulsions due to the high fever.

What are the symptoms?

- High fever that begins suddenly and goes up very rapidly.
- Rosy colored skin rash that starts on the child's upper body once the fever goes down.
- Some children have decreased appetite.
- Fatigue and/or irritability.
- Sometimes sore throat, swollen glands and/or swollen eyelids.

What is the treatment?

- Give children's acetaminophen to reduce fever.
- Have child drink lots of liquids.
- Bathe child in lukewarm water.
- Dress child in light clothing.
- If child has convulsions, contact health care provider and/or seek emergency treatment.

Note: Roseola often is mild and requires no treatment.

Scabies

Scabies is a skin infestation of a mite. It is extremely contagious.

What are the symptoms?

- Severe itching, especially at night when the child is warm and the mite is more active.
- A rash which may be in a straight line where the mite is traveling.
- Infants often have a rash in the diaper area.
- Restlessness, poor sleep.

What is the treatment?

- Apply cream* from neck to toes at night and wash off in the morning.
 - To prevent other infections, give an over-the-counter medication for itching.
 - Treat **all** members of the family.
- *ask health care provider to recommend or prescribe



Varicella (Chicken Pox)

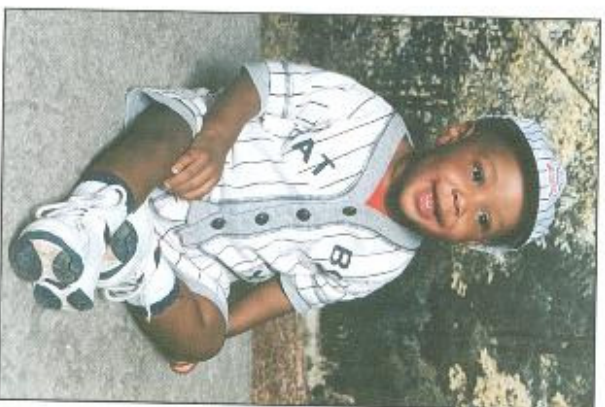
Varicella is a viral infection most often seen in children. It is more common in the spring and fall and usually lasts seven to 10 days. It is very contagious although it is unusual for individuals who have had varicella to get it again. Excessive scratching of the varicella rash can result in infection and scarring. Varicella can be serious. It is important for all children, age one and over, to be immunized against varicella.

What are the symptoms?

- Rash consisting of itchy, fluid filled blisters which first appear on the head, trunk and face and spread rapidly over the whole body, then form scabs after they break.
- Fever, headache and decreased appetite.
- General miserable feeling.

What is the treatment?

- Children's acetaminophen to control fever.
- Calamine lotion to relieve itching.
- Lots of fluids to prevent dehydration.
- Dress child in non-irritating clothing.
- Contact health care provider for treatment of any infections that occur.



Oral Health

Birth to 12 months

Taking care of children's teeth should start as soon as the first tooth appears. Good dental health is essential to overall good health.

To avoid early tooth decay and prevent ear infections, do not prop bottles in the child's mouth or put the child to bed with a bottle. Never use a pacifier that has been dipped in sweet liquids.

Begin daily cleaning as soon as the first tooth appears. Wipe the teeth with a piece of gauze or a damp cloth. As the child gets older, brush teeth using a soft brush and fluoride toothpaste. As young children tend to swallow toothpaste, make sure only a very small amount is put on the toothbrush.

Teething

Gums may be swollen in the spot where a tooth is about to break through. The child may be fussy. Ease the discomfort by giving the baby a one-piece teething ring, children's pain reliever or over the counter gel for teething pain. Applying ice to the gums may also help.



12 to 24 months

- Dental care should include brushing teeth after meals and snacks, using a soft brush and a small amount of fluoride toothpaste.
- Children should be taught to rinse their mouths with water after eating if a toothbrush and/or toothpaste is unavailable.
- Sugary and starchy foods are more likely to lead to tooth decay as they tend to stay on the teeth longer. Try to limit how often the child snacks on those types of foods. If possible, include any sweet and/or starchy foods with meals rather than giving them as snacks.

24 to 48 months

- If the child has not yet seen the dentist, this is the time to schedule the first appointment. Start checkups now and schedule appointments every six months.
- Continue to offer healthy snacks and limit the use of sugary and starchy foods as snacks.
- Continue to emphasize the importance of brushing teeth after meals and snacks. Help the child develop good dental habits.

Nutrition

Growing a healthy child requires feeding the child a nutritious diet. Good eating habits should begin at birth. Parents, child care providers and health care professionals can all play a role in helping children develop good attitudes about healthy eating.

Breast milk is the preferred food for infants for at least the first 12 months. Make sure baby continues to receive breast milk or iron-fortified formula until the first birthday. Do not switch to cow's milk until baby is at least a year old. For the first few months of life, breast milk (or formula) provides all the nutrients needed by babies.

Breastfeeding Basics and Tips:

- Feed baby often. Babies should breastfeed 8-12 times a day during the first few weeks. For the first few days, feedings may only last about 10 minutes on each breast. Later feedings will last about 10 to 20 minutes on each breast. If you are breastfeeding and are having any problems or you feel like baby is not getting enough milk, call your health care provider for advice.
- Keep milk supply evenly distributed between both breasts by alternating the breast you start with at each feeding.
- Breast milk can be refrigerated in a clean container for up to 48 hours or frozen for up to three months. Make sure to date the container. Thaw frozen milk in the refrigerator or in a container under warm running water. Do not thaw at room temperature and do not heat on the stovetop or in a microwave oven.
- The more a baby nurses, the more milk the mother's body will produce.
- A breastfeeding mother can be sure her baby is eating well if:
 - baby has six or more wet diapers and two to three stools each day
 - baby shows a steady increase in weight
 - baby has an alert, healthy appearance; and
 - mother can feel sucking and hear baby swallowing while feeding
- Breastfeeding mothers need lots of fluids and extra nutrients. Drink enough fluids to satisfy your thirst and prevent dehydration. Sipping water, milk or juice while nursing baby helps to supply some of those important nutrients and fluids. Limit servings of caffeinated beverages to two per day and alcoholic drinks to one per day. Breastfeeding mothers should also watch consumption of spicy foods, onions, and green leafy vegetables as those foods may cause the baby to have gas or diarrhea or to be reluctant to nurse.



NUTRITION

Breastfeeding is recommended because:

- breast milk helps fight infections and delays allergies; breast-fed babies are not sick as often as bottle-fed babies;
- breast milk is easy for babies to digest, so they have less diarrhea, constipation and spitting up.
- breast milk is always warm and ready to feed.
- breastfeeding builds a special closeness between mother and baby.
- breastfeeding helps the mother get back into shape and lose weight gained during pregnancy.

Bottle Feeding

Bottle feeding requires organization and planning. You must always have formula and clean bottles and nipples on hand. When breastfeeding is not possible, baby should be fed iron fortified formula from a bottle.

Bottle Feeding Basics and Tips:

- Always hold baby during feedings so baby feels more secure and mother and baby can begin to bond.
- Propping baby's bottle can lead to tooth decay, ear infections and even choking. Don't do it.
- Store prepared bottles of formula in the refrigerator for no longer than 24 hours and warm carefully just before feeding.
- Never warm bottles of formula in the microwave as they can heat unevenly and leave "hot spots" which can burn baby's mouth.
- Bottles of formula left out of the refrigerator longer than one hour or unfinished by baby should be thrown away.

Solid Food

Once babies reach the stage where they no longer push the food out of their mouths with their tongues, most health care providers will recommend starting some solid foods. This usually occurs at about four to six months of age. Single ingredient foods should be offered at first so any symptoms of food allergies (diarrhea and skin rashes are the most common) can be noted and reported to the health care provider. Introduce new foods one at a time, always waiting about one week before adding another new food. This method makes it easier to recognize food allergies or sensitivities. A plain, iron fortified cereal such as rice should be the baby's first solid food. Once baby eats the cereal well, plain pureed vegetables, pureed or strained fruits and baby food meats (in that order) can be gradually added to baby's diet. Introduce the meat at about seven to eight months. Help babies and toddlers accept new foods by offering the same new food several days in a row.

Feed the baby with a spoon rather than using infant feeders or adding cereal to bottles. The baby needs to develop tongue and jaw muscles and learn how to chew. As the infant gets older, you can give strained, mashed and chopped table foods that the baby can handle. It is a good idea to offer one tablespoon of each food for every year of age. Allow infants and toddlers to eat until they are full.

Keep foods plain and simple; no added fats, salt or sugar. Offer a variety of foods. Include foods from all of the food groups every day. Never force a child to eat or use food as a reward.

Beverages

Once the baby is about six months old, you can start offering 100% fruit juice and water from a cup. During the first year do not give the baby any liquids other than breast milk, infant formula, juice or water. Tea, sodas, and other sugary beverages should not be given. Water is important for everyone and infants and toddlers are no exception. Give infants cool, boiled water. The child's need for water increases as he/she gains weight. Do not add sugar, syrup, etc. to the water. It is important to know that honey can make a baby under age one sick. Do not put honey in water or on a pacifier or nipple.

The baby should switch completely from the bottle to a cup between 10 and 12 months of age. Weaning a baby after 12 months is much more difficult.

After 12 months of age, serve the child about two cups of whole milk in place of formula each day. This helps to insure that the toddler will eat enough calcium containing foods.

Feeding Summary:

Birth to 12 months: Breast milk or iron-fortified formula

4-6 months:

Add iron-fortified cereal, two servings per day

Add strained vegetables, strained fruits (or 100% fruit juices), two servings of each per day

Make sure to add vegetables before fruits as fruits have a sweeter

taste and, if added first, may cause babies to reject the bland taste of veggies when they are added

Add baby food meats (or other meat-group foods), one to two servings of each per day.

Add a variety of whole-grain breads, fortified cereals, crackers, yogurt, cheese and whole milk

This is also the time to add additional sources of iron including other meats, fish, poultry, cooked dried beans and peas.

REMEMBERS:

- Continue breast milk or iron-fortified formula throughout baby's entire first year.
- Do not give a baby soy or goat milk (exception: iron-fortified soy-based infant formula) during the first 12 months.
- Do not discontinue serving baby a food that is rejected the first few times it is offered. It may take as many as 15 attempts before a child will accept a particular food.



SAFETY

Safe Products

- Make sure your baby has a safe place to sleep. When choosing **nursery equipment**, pick pieces that are sturdily constructed and stable. Crib slats should never be more than 2-3/8" apart. Stay away from cribs with cutout designs or corner posts that extend more than 1/16" above the top of the end panel. Little heads can get trapped in the cutouts and clothing can catch on the posts. Also, look out for exposed screws, bolts, sharp edges or points and any mechanisms that may pinch or crush little fingers. Secure drop side latches are important.
- Make sure any **folding nursery equipment** you buy or use has an effective locking device.
- Before you buy or borrow **secondhand nursery products**, make sure you call the **U.S. Consumer Product Safety Commission** hotline (1-800-638-2772 toll-free) to check on recalls. Sometimes people donate or sell equipment that has been recalled due to safety problems. The hotline can usually tell you whether a product has been recalled.
- Make sure the **mattress** in baby's bed is firm and fits tightly in the crib or bassinet. Crib sheets should also fit tightly and cover the entire mattress.
- **Safety straps and belts on high chairs, strollers, car seats, infant carriers and other baby equipment** are put there to keep babies safe. Purchase items with easy to use buckles, straps and/or safety belts and always remember to fasten them according to instructions.
- When traveling, infants and children should **always** be properly secured in a **car seat** designed for the child's age and size. Never use an infant carrier seat as a substitute for a car seat.
- Install **safety devices** to prevent young children from opening drawers, cabinets and doors. Put **plastic safety caps or covers** over unused electrical outlets, and make sure electrical wires and appliances are inaccessible and frayed cords have been replaced.
- Buy and install **window guards or window stops**. Never depend on screens to keep children from falling out of windows.
- **Toys** for babies should be soft, lightweight, sturdy and easy to clean. Don't buy infant toys that have small parts that could come loose or squeakers that could come out. Rattles and teething toys for infants should be indestructible and too large to get caught in baby's throat. When buying toys for infants and children, always make sure they are labeled as appropriate for the child's age. The label is there for SAFETY reasons. It has nothing to do with the child's intelligence or emotional maturity. Toys that are broken, have chipping paint or are no longer in good repair are unsafe. Throw them out.
- Once a baby is old enough to crawl or walk, **child safety gates** should be purchased and installed at the top and bottom of all stairs. Make sure they are sturdy so they will not break or come loose if the child pushes on them with force. Also make sure the openings in the gates are too small to allow a child's head to push through and become trapped.
- Buy and install **edge guards** on all furniture and cabinets with sharp edges.



Safe Surroundings

It is very important for your infant or toddler to have a safe place to stay. In addition to purchasing products that meet safety guidelines, you should insure that the child's environment is not dangerous. Here are some reminders:

- Purchase and install **smoke detectors** on every floor and make sure they are working properly. Remember to insert fresh batteries at least once a year.
- Purchase and install a **carbon monoxide detector** in your home. Carbon monoxide has no odor and symptoms of carbon monoxide poisoning often go unnoticed. Carbon monoxide poisoning is deadly.
- Be sure to move baby's crib and playpen away from dangling draperies and blind and electrical cords. Babies can choke to death if they get entangled in them.
- Never use thin plastic material as a covering for mattresses or pillows. It can cling to a child's face and lead to suffocation.
- When using a mobile over baby's crib, make sure it is securely fastened and out of reach.
- Don't tie pacifiers, toys, etc., around a baby's neck. Babies can strangle if the tie gets twisted or caught on the bedpost or other object.
- Never leave a baby in a mesh playpen or portable crib unless all sides are up. If a side is down, an infant can roll into the "pocket" and suffocate.
- Keep small objects out of the reach of babies and toddlers. They love to put things in their mouths and can easily choke on small objects or swallow dangerous things. Coins, marbles, small toy parts, game pieces, pins, buttons, beads, peanuts, hard candy and pieces of hot dogs are some examples of items that are especially dangerous. Also watch out for plastic bags, thin plastic wrap and latex balloons.
- All guns and ammunition should be stored separately in places hidden from children and out of their reach. Store in locked areas if possible. Never leave ammunition in a gun no matter where it is stored.
- Keep cigarettes, lighters, matches, knives, alcohol, and electrical tools out of sight and reach of children.
- Never leave a baby or young child alone on a high surface such as a counter top. It only takes a second for a serious fall to occur.
- Never leave a baby or young child unsupervised in the bathtub or around a pool.



SAFETY

SAFETY

- lake or pond . Babies can drown in as little as an inch of water.
- Check water temperature before putting a baby or young child in the tub. A baby's skin is especially tender and tends to burn more easily than an adult's. It is suggested that you lower your water heater temperature to 120 degrees F.
- Never leave a bucket of water near a young child. A toddler can easily fall headfirst into a bucket of water, get trapped and drown.
- Always turn pot handles toward the back of the stove while cooking and keep curious toddlers away from hot stoves, fireplaces, irons, curling irons and space heaters.
- Wash toys daily, as well as whenever they have been shared with other children.
- Never leave a child at home alone or without responsible adult supervision. Watch a baby constantly during waking hours. Babies can move surprisingly fast.
- Leaving a child alone in a car for even a minute or two is asking for trouble. Don't do it under ANY circumstances.
- Make sure infants and toddlers ride in the proper place in your vehicle. The safest place is the back seat. Babies should ride facing the back of the car. One year olds and toddlers weighing over 20 pounds can ride facing forward. Never place a child in a car seat in the front passenger seat when the car has a passenger-side airbag. Always strap the child properly in the car seat. Even a trip around the block can be dangerous for a child not properly strapped in. Set a good example by remembering to always buckle your own seat belt.
- Decrease the child's risk of lead poisoning by becoming familiar with sources of lead. Try to eliminate those things from your environment. Have the child tested if you feel there is a chance he/she has been exposed to high levels of lead.
- Try to schedule children's summertime outside play in the early morning or late afternoon rather than midday when the sun's rays are strongest. Remember that the skin of young babies is especially tender. Also, try to limit outdoor activities on high ozone days. Use sunscreen on babies over six months of age.
- Keep all poisonous plants, substances, medicines, cleaning products, health and beauty aids, paints and paint solvents locked in a safe place out of sight and reach of infants and toddlers.
- Clearly label all poisons and store in childproof containers whenever possible. Never store poisonous substances in empty jars or soda bottles.
- Keep the number of the **Poison Control Center (toll-free 1-800-282-5846)** next to every telephone. Call the center if you have ANY reason to believe the child may have ingested even a slight bit of poison. If you don't know whether the substance was poisonous, call anyway. They will tell you.
- Discourage young adventurous children from climbing into windows by moving furniture away from windows.
- Keep the child's environment free of smoke. Secondhand smoke is dangerous to everyone, especially infants and children. Don't let it in your house.
- Learn first aid and infant cardiopulmonary resuscitation (CPR). You could save someone's life.



Lead Poisoning

Exposure to lead is very dangerous to infants and young children. It can cause lead poisoning which can slow development and result in learning and behavior problems. Lead poisoning can also damage a child's organs.

What are some examples of places where lead is found in the home?

- Lead paint was used both inside and outside many homes built before 1978. Even though most of those homes have since been repainted, lead paint may be underneath the coats of new paint. When paint chips or peels, any lead paint that is underneath can come off and pose a danger to children. The dust that results when you strip walls to repaint or apply wallpaper also may contain lead if lead paint was used in the past. Sometimes the soil around older homes contains lead as lead based paint used on the outside of the home has peeled or chipped and gotten down into the soil.
- Old water pipes often are made of lead.
- Some handmade pottery contains lead. It can be dangerous to store food in handmade pottery or in open cans.

What are some simple things I can do to decrease my child's exposure to lead?

- Clean up chipping or peeling paint around your home.
- Before remodeling an older home, have the home checked for lead paint.
- If you live in an older home, run cold water for a few minutes before using it for drinking or cooking.
- Avoid storing food in handmade pottery or open cans.
- Wash hands often, especially before eating.
- Frequently wash toys and other items used by children.
- Feeding your child a diet that includes foods high in iron and calcium can help. A healthy diet decreases the chance that lead will stay in a child's body.

Have your child's blood tested for lead. Even children who appear healthy may have more lead than normal in their blood. Early detection and early treatment, if required, can reduce the chance of future problems.



SAFETY

How Do I Get the Most out of My Child's Visits to the Health Care Provider?



1. Never threaten your child with a shot or visit to the health care provider as punishment for misbehaving. You want the visit to be a good experience, not something the child associates with punishment. Children fear punishment, you don't want them to fear visits to their health care providers.
2. Choose your child's health care provider carefully. Look for a provider who:
 - accepts payments from your health care plan.
 - has a convenient office that is open during hours that fit your schedule. Evening and weekend hours are a real plus.
 - relates well to your child and makes you feel comfortable about asking questions.
 - has a smoothly run office with a courteous and professional staff.
 - possesses the skills necessary to provide the best care possible for your child.
3. Try to schedule appointments for times when the child is usually most relaxed rather than when he/she is likely to be sleepy, hungry or just plain grouchy.
4. Before the appointment, talk with your toddler about what is likely to happen during the visit. Help the child get comfortable with the idea by suggesting play activities where the child pretends to be the health care provider. Dolls and stuffed animals make good patients and children love to give "pretend shots" to Mom and Dad.
5. If possible, sit down the night before and write out the questions and concerns you want to discuss with the health care provider. Take your list with you to the appointment. Trying to remember everything while you are in the office is difficult. Your list should keep you from forgetting important things.
6. Ask all the questions on your list. There is no such thing as a stupid question especially where your child's health is concerned. Sometimes your questions and concerns may lead the health care provider to check into things that would have been overlooked had you not brought them up.
7. Take notes about what the provider tells you and ask for further clarification if there is anything you don't understand. Once you leave the provider's office, it is easy to forget exactly what was said.
8. Make sure you know when the child is to be seen again. If possible, schedule the appointment before you leave the office.
9. Follow the provider's instructions once you get home. If problems arise, call the provider for further instructions.

How Do I Prepare for Emergencies?



Emergencies rarely happen when you are expecting them. Usually they happen at the worst possible times. Actions taken during emergencies can sometimes mean the difference between life and death. The following are some things you can do in advance to be better prepared to act quickly and responsibly during emergencies:

- Have a well-stocked first aid kit in your home and one in your car. Make sure everyone knows where it is and how to use all the items contained in it. Suggestions for stocking the kit are listed on the next page of this booklet.
- Look up all emergency numbers in your telephone book and post them by **every** phone in your home. Remember to include the number for poison control. Teach even very young children when and how to call 911.
- Take a first aid class and learn CPR. Check with your local hospital or the Red Cross for locations of classes.
- Have a plan for escaping from your home in case of fire or other disasters. Make sure everyone in your home knows the plan. It is also a good idea to identify a place all family members will meet after leaving the home.
- Write up a medical history for each family member and make sure everyone living in your home or caring for your child(ren) knows where the histories are kept. Remember to update them as changes occur. The histories should include basic information medical personnel may need to provide treatment. Remember to include in each person's history:
 - Person's name and date of birth.
 - Name of next of kin, responsible person and/or emergency contact. Include both work and home phone numbers.
 - Name, addresses and telephone numbers of all current health care providers. Also make a separate list of those providers who no longer provide treatment but may still have information on the individual in their medical records.
 - Information about all allergies. It is especially important to remember to include information about drug allergies.
 - Information about chronic medical problems
 - A list of all medications the person currently takes. Be as specific as possible and include how often the medication is taken as well as the dosage amount. The name of the pharmacy may also help.
 - Immunization information.
 - Policy number and other information about all health insurance policies under which the individual is covered.
- Once you have done all the things listed above, you should be much better prepared for emergencies. If an emergency does arise, remember the most important thing, **stay calm and let your child or other loved ones know you are there for them.**



First-Aid Supplies

(Reprinted from "A Parent's Guide to First Aid" by permission of Children's Healthcare of Atlanta)

Items in **bold** are frequently used first aid items and can be packed easily for travel. Other items should be kept on hand.

Acetaminophen (Tylenol[®])

Adhesive Tape

Aloe Cream

Antibiotic Ointment

Baking Soda

Blanket

Butterfly Elastic Bandages (for minor lacerations)

Credit Card or Driver's License (to flick off stingers)

Diphenhydramine (Benadryl[®])

Elastic Bandage (for sprains)

Elastic Bandage Strips

Epinephrine Kit (available by prescription for people with severe allergies)

Eyewash Bottle (can use gently running hose or shower or water from plastic bag with small hole cut in it)

Disposable Rubber Gloves

Hydrocortisone Cream

Ibuprofen (Motrin[®])

Ice Bag or Instant Cold Pack (can use a package of frozen vegetables)

Important Phone Numbers: Physician, Georgia Poison Center, Children's Healthcare of Atlanta 24-hour nurse advice line, and coins for a pay phone

Ipecac Syrup (call the Georgia Poison Center first before using)

Meat Tenderizer Containing Papain (for stings)

Paper and Pencil (to write down instructions from physician or nurse advice line)

Paper Cup (for eye injuries or to give fluids)

Pillow (to elevate injuries)

Plastic Bags

Sewing Needle and Matches (matches are used to sterilize needle before removing splinter)

Sling (can use a scarf or pillowcase with safety pins)

Small Scissors

Soap and Water or Hydrogen Peroxide (to clean cuts)

Splints (can use layers of magazines or newspaper secured with tape or shoelaces)

Sports Drink

Spray Bottle

Sterile Gauze Pads (can use clean towels or clean newspaper for bleeding)

Sterile Saline or **Contact Lens Solution**

Sunscreen

Thermometer

Tongue Blades or Popsicle[®] Sticks (to splint fingers)

Tooth Transport Kit (available at a drugstore) or Milk (for transporting teeth)

Towel and Wash Cloth

Triangular Bandage (to bandage injuries and burns or use as an arm sling)

Tweezers

TIPS

Additional Sources of Helpful Information

Consumer Product Safety Commission (CPSC)

Contact CPSC to find out about product recalls and report dangerous products.

1-800-638-2772 (1-800-638-CPSC)

First Steps

Provides educational information and emotional support to expectant and new parents.

1-800-532-3208 (outside Atlanta metro area)
404-870-6565 (Atlanta metro area)

Georgia Learning Resources System(GLRS)

Free resource which allows parents to borrow special equipment needed for children with disabilities.

1-800-282-7552

Healthy Families Georgia (HFG)

Provides home visitation to overburdened parents to promote positive parent child interaction, healthy child development and strong functioning families.

1-800-532-3208 (outside Atlanta metro area)
404-870-6565 (Atlanta metro area)

National Child Abuse Hotline

Number to call to report suspected child abuse.

1-800-422-4453

Poison Control Center

Call immediately if there is any reason to believe you or someone around you may have ingested or been exposed to any type of poison.

1-800-282-5846

PowerLine

Constantly updated numbers of most health related resources.

770-451-5501 (Atlanta metro area)
1-800-822-2539 (outside Atlanta metro area)

Sudden Infant Death Syndrome (SIDS) Alliance

Toll free hotline for information about SIDS and referrals to local resources.

1-800-221-7437

Special Thanks

Dr. Myra Carmon, Georgia State University, School of Nursing

Carol Reeves, U.S. Consumer Product Safety Commission

Vandie Enloe, Children's Healthcare of Atlanta

Right from the Start Project Workgroup:

Susan Burns, Gloria Chen, Monica Cherry, Pat Ecklund, Marsha Gaucs, Cathy Gearing, Gail Hambrick,
Sally Harrell, Mona Jackson, Brenda Jordan, Wendy LaRoche, Linda McCormick, Dianne Phillips, Joann Wheeler

All Georgia Department of Human Resources employees who graciously submitted pictures of the special children in their lives for inclusion in this publication.